Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

459021		143036595
0.1.010)) ions Carrier (ETC) must provide a	Service Provider Identification Number (SPIN) certification form for each SAC through which it provides Lifeline service).
2017	AZ	Boomerang Wireless LLC
Recertification Year	State	ETC Name
enTouch Wireless		Holding Company Name
DBA, Marketing, or Of (If same as ETC name, list "N	ther Branding Name 1/A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
DBA, Marketing, or Or (If same as ETC name, list "A	any have affiliated ETCs?	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank) Yes No No C, using page 4 and additional sheets if necessary. Affiliation shall be s Act. That Section defines "affiliate" as "a person that (directly or indirectly, wnership or control with, another person." 47 U.S.C. § 153(2). See also 47

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🔘

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

Р	Q
Month	Subscribers De-Enrolled for Non-Usage
Transcription of the second of	615
anuary	
February	536
March	479
April	408
	308
May	302
June	2102
July	
August	264
September	198
October	125
November	88
	88
December	3.673
Total Subscribers	$S_1 \varphi 1 S$

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial_KAL

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section 54.408.

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial KAL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

- A. Subscribers eligible for recertification by anniversary month
- B. Subscribers de-enrolled prior to recertification attempts
- C. Total number of subscribers ETC is responsible for recertifying (A-B)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	Jan	100					15	14	11155	283	1845	1157	746
۸.	0	0	0	0	0	0	10	17	1122	100	M	25N	2199
B.	0	0	0	0	0	0	11	7	1130	197	4	000	F 300
	U	0	- 0		0	0	4	7	3023	84	1845	307	5270
C.	0	0	0	U	U	U			1000				

Recertification Methods

State of federal database

D. Subscribers recertified through ETC access to state or federal database by anniversary month

ort	the number	of eligible	subscribers v	erified throu	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	Jan	Feb	Mar	Apr	Way	0 0 0				4-6-	-		Total
		-		0	0	0	0	0	0	0	0	0	U

E. Name of the data source(s) used to verify consumer eligibility:

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

	r at a samula	or of Lifeline	subscribers	the ETC con	tacted directl	y to obtain r	ecertificatio	of eligibilit	I C	Oct	Nov	Dec	Year
epor	3 *** STITE	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	1,0,		Total
	Jan	I CD		-7					1122	911	ILON	307	2019
E	_	0	0	0	0	0	4	2	1132	04	470	00.	

G. Subscribers who failed to recertify through ETC direct outreach attempt

-	Feb Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
Jan	FCD	17241	A manage			- 10	-	100	29	274	96	70

H. Subscribers who recertified through ETC direct outreach attempt

1. 3			subscribers t	hat successfi	ally recertifie	d through E	C's outreach	n attempt.		101	Nov	Dec	Year
eport	the number	Feb Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	1404	7	Total
	Jan			-	-	0	2	2	842	45	216	211	1318
H.	0	0	0	0	0	1 0	CI.						

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC Third Party

Report the number of Lifeline subscribers contacted by a state administrator, third party administrator, or USAC for the purpose of recertification.

Repo	rt the numb		subscribers	Apr	a state admi	Jun	d party admi	Aug	Sep	Oct	Nov	Dec	Year Total
	Jan	Feb	Mar	Apr.	-		0	0	0	0	0	0	0
I.	0	0	0	0	0	0	0						

	Name of third party administrator used to verify subscriber eligibility:
J.	Name of third party administrator diseases

K. Subscribers de-enrolled as a result of a third party recertification attempt

Report the number of subscribers as a result of ineligibility or non-response to outreach from a state administrator, third party administrator, or USAC.

eport	the number		Mar	of ineligibi	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	Jan	Feb	Mai	1.1.		-	-	10	0	0	0	0	0
K.	0	0	0	0	0	0	U	U	0	0			

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

			1		l- a managet f	rom a state a	dministrator,	third party a	dministrator,	or USAC	T.:	Dog	Year
Repor	t the numbe	r of subscrib	ers that rece	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
	Jan	Feb	Mar	/Ap.				-	0	0	0	0	0
L.	0	0	0	0	0	0	0	0	U	U	U		

Certification:

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

Recertification Method: ETC

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

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Initiai	10,0

Recertification Method: Third Party

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	
	A TOTAL VOICE TO THE

No Subscribers

I certify that my company did not claim federal low income support for any Lifeline subscribers for the current Form 555 data year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____

N = (D+F+I)	O = M/N*100
Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled
2019	34.72%
	Total number of subscribers ETC is

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,

Signature of Officer

klehrman@readywireless.com

Email Address of Officer

Oliver J. Moeller

Person Completing This Certification Form

Kimberley Lehrman, President

Printed Name and Title of Officer

12/24/2018

Date

3197434641

Contact Phone Number

Affiliated ETCs

	Name
SAC	